

226287

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Posted: lodDept: S.A.Date: 10/7/10Time: 4:45

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010-345-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Darryl MorrisTelephone: (864) 557-7171

Address: 255 D. Morris Way
Seneca S.C. 29678

Fax: _____

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED

OCT 05 2010

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 8-10-10

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Darryl Morris DBA

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Astro Shuttle

255 D. Morris Way Seneca S.C. 29678

Street Address of Applicant

Same as above

Mailing Address of Applicant if different from street address

864 357-7171

Phone

Fax

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 10 Year 2010

Assets:

| | |
|---------------------------------------|---------|
| Cash | |
| Receivables | |
| Real Estate | |
| Buildings and Equipment (Net) | |
| Motor Vehicles (Net) | 2000.00 |
| Garage Equipment (Net) | |
| Machinery and Tools (Net) | |
| Supplies on Hand | |
| Prepays and Other Assets | |
| Total Assets | |
| | |
| | |
| <u>Liabilities and Equity:</u> | |
| Accounts Payable | |
| Notes Payable | |
| Mortgages Payable | |
| Equipment Obligations | |
| Accrued Salaries and Wages | |
| Other Accrued Obligations | |
| Other Liabilities | |
| Total Liabilities | |
| | |
| Capital Stock | |
| Retained Earnings | |
| Total Equity | |
| Total Liabilities and Equity | |

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

8.00 pp one way game day
89.00 pp to Airports within 2 hour radius

Counties to be Served:

Oconee, Pickens, Anderson

Maximum Number of Passengers per Vehicle: ~~6~~ 7

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Darryl Morris DBA Astro Shuttle
Name of Motor Carrier
255 D. Morris Way, Seneca, SC 29678
Address of Motor Carrier

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 1,923.00

Limits \$100,000 Comb. Single

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

| | |
|-----------------|--------------------------|
| 1-7 Passengers | \$ 25,000/50,000/25,000 |
| 8-15 Passengers | \$ 25,000/100,000/25,000 |

Stratford Insurance Company
Name of Insurance Company

C/o Southern Cross Underwriters, P.O. Box 2576
Home Office Address of Company
Sumter, SC 29151

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

09/10/2010
Date

[Signature]
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☐ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

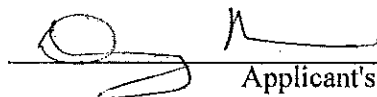
☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF _____)



Applicant's Signature

I, Darryl Morris, OWNER
Name of Applicant's Representative Title

of Darryl Morris DBA Astro Shuttle,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

SWORN TO BEFORE ME

This 4th day of October, 2010


Notary Public

Commission Expires _____

Personal Identification Information

Name of Applicant: Darryl Morris
Address: 255 D. Morris Way
Seneca S.C. 29678
Federal Employer
Identification Number: _____

***** Confidential *****

For Internal Use Only

Print Application